## CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM EMPLOYER USER SECURITY AGREEMENT

(TO BE COMPLETED BY EMPLOYER AND EMPLOYEE) (PLEASE COMPLETE ONLINE OR PRINT LEGIBLY)		
EMPLOYEE	EMPLOYER	
Employee Name:	Employer Name:	
Employee Social Security Number: Date of Birth	: Employer Code (CalPERS):	
Employee Business Phone: Employee Business F	Fax: Employer Mailing Address:	
Employee Business E-mail Address:	Employer Physical Address: (if different than mailing)	
Please check all that apply:       ☐ Account Administrator       ☐ Internet Forms: Health       ☐ Internet Forms: Membership         ☐ Public Agency Billing       ☐ Annual Member Statement Employer Report       ☐ Service Credit Purchase Status         ☐ Participant Inquiry       ☐ Payroll File Transfer       ☐ Annual Employer Statement		
By signing this document, the employee referenced above acknowledges reading, understanding, and agreeing to its contents and realizes the consequences of not complying with the terms stated below.  ACES User responsibilities:		
<ul> <li>Immediately reporting any suspicious circums</li> <li>Access and/or transmit information only relevant and necessa</li> <li>CalPERS record information shall only be disclosed to individual disclosures include, but are not limited to:</li> </ul>	password for any reason ing device when logged onto ACES, when leaving the workstation tances or unauthorized individuals observed in the work area to a supervisor ry in the ordinary course of performing job official duties uals when relevant and necessary when performing official duties. Unauthorized	
<ul> <li>Disclosing social security number of another person when not part of job responsibilities</li> <li>CalPERS record information shall not be transmitted or used for personal reasons, including but not limited to:</li> </ul>		

- - Making personal inquiries of friends or relatives; accessing information about another person, including locating their residence address, for any reason that is not related to job responsibilities

## ACES Administrators' responsibilities:

- Maintain all California Public Employees' Retirement System Employer User Security Agreement forms (AESD-43) and Delete "ACES User Access" forms (AESD-42) in a secured location
- Ensure Security Agreements are fully completed and signed by a manager or supervisor prior to processing or faxing to CalPERS. Completed forms may be faxed to 916-795-1523.
- Immediately fill out, electronically submit, and maintain a copy of the Delete "ACES User Access" form (AESD-42) for all ACES users who no longer have ACES access for two years
- Direct staff that:
  - Passwords must be kept confidential at all times and not be shared for any reason
  - Computer terminals must be secured with a password or locking devise when unattended and logged into ACES
  - Suspicious circumstances and unauthorized individuals should be reported immediately to a manager or supervisor

I have read and understand the security policies stated above. I acknowledge and agree to utilize all CalPERS systems in accordance with the terms outlined in the California Public Employees' Retirement Law and CalPERS business practices, policies, and procedures. Failure to comply with these policies may result in revocation of my access to ACES, adverse action, and/or civil or criminal liability under applicable laws. I further understand that I can undergo disciplinary action from my employer up to and including termination of employment.

I certify under penalty of perjury, under the laws of the State of California, that the information provided above is true and correct.

The California Public Employees' Retirement System (CalPERS) collects personal information to administer the various programs, accessed through the Automated Communications Exchange System (ACES), for which it has responsibility. Employers may NOT share information with any other entity without the express written approval of CalPERS. The information contained in CalPERS records is confidential, and CalPERS is required by law to protect such information from unauthorized access, use, and disclosure.

Employee Signature:	Date:
Employer Signature:	Date:
(Manager/Supervisor)	

This form must be completed for each employee using CalPERS online access and be available to CalPERS upon request. Forms must be RETAINED IN A SECURE WORK SITE LOCATION of the Employer, for the life of the Agreement and for two years following the deactivation or termination of the Agreement. CalPERS is to be notified immediately in the event that any of its sensitive or confidential information is subjected to unauthorized disclosure, modification or destruction. Completed forms may be faxed to 916-795-1523.